

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 12345678		2 Total pages filed: 14		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.			FIRST W		
	NICKNAME			LAST WILLIAMS		
		MI JEFF			SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 600 SIX FLAGS DR. SUITE 500 ARLINGTON, TX. 76011					
	AREA CODE PHONE NUMBER EXTENSION (817) 640-8535					
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MR.					
	FIRST DAN					
		NICKNAME			LAST DIPERT	
		MI			SUFFIX	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1512 KILLIAN DRIVE ARLINGTON, TX. 76013					
	AREA CODE PHONE NUMBER EXTENSION (817) 557-0988					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE					
	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED					
	Month Day Year 3 / 28 / 17 THROUGH Month Day Year 4 / 26 / 17					
9 REPORT TYPE	ELECTION DATE		ELECTION TYPE			
	Month Day Year 5 / 6 / 17		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
10 PERIOD COVERED	OFFICE HELD (if any)		OFFICE SOUGHT (if known)			
	MAYOR		MAYOR			

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

12345678

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

\$ 120.00

\$ 31,975.00

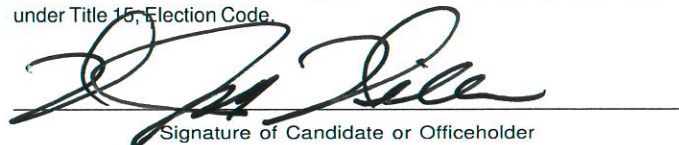
\$ -0-

\$ 31,573.74

\$ 31,672.26

\$ - 0 -

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Sworn to and subscribed before me, by the said W. Jeff Williams, this the 28th
day of April, 2017, to certify which, witness my hand and seal of office.

Notary

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4/4/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LGFR LTD.	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code P.O. BOX 1843 ARLINGTON, TX. 76004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD E. PORTKUS, JR.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1245 BLUE LAKE ARLINGTON, TX. 76005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM W. SNIDER	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code 2111 N. COLLINS SUITE 323 ARLINGTON, TX. 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. KERI KEMBEL	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1301 BLUE LAKE ARLINGTON, TX. 76005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 3/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & JOHN DAVID MORITZ 6 Contributor address; City; State; Zip Code 2111 W. COLLINS ARLINGTON, TX. 76011 SUITE 323	7 Amount of contribution (\$) \$1,000.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MPAC ARLINGTON, INC. Contributor address; City; State; Zip Code 1316 S. PECAN, ST. ARLINGTON, TX. 76010 /	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN M. BETHUNE Contributor address; City; State; Zip Code 2209 MEDITERRANEAN ARLINGTON, TX. 76011	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BAILEY H. & CONNIE RUFF Contributor address; City; State; Zip Code 4102 SHADY VALLEY ARLINGTON, TX 76013	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-25-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

J. CHRIS GAVRUS

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

1301 THROCKMORTON APT. 2105 FT. WORTH, TX. 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-7-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DEE J. KELLY JR.

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

417 RIVERCREST FT. WORTH, TX. 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-7-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

EDWARD P. BASS

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

201 MAIN ST. FT. WORTH, TX. 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SABRINA JONES

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

3704 YACHT CLUB ARLINGTON, TX. 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4/23/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CRAIG LIDELL	7 Amount of contribution (\$) \$500.
6 Contributor address; City; State; Zip Code 3708 YACHTCLUB ARLINGTON, TX. 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK & BELINDA GIST	Amount of contribution (\$) \$ 250.
Contributor address; City; State; Zip Code 2100 WOODSIDE ARLINGTON, TX. 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE MCCOLLUM	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code P.O. BOX 172202 ARLINGTON, TX. 76003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERALD ALLEY	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code 606 LOCH CHAUT CT. ARLINGTON, TX. 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME MR. W. JEFF WILLIAMS		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. KENNETH HAYNES	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2126 RIFLETON BAY ARLINGTON, TX. 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PETER DAO	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4526 MARBLE ARCH GRAND PRAIRIE, TX. 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AJAY SODHI	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5815 BAY CLUB ARLINGTON, TX. 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JONI WILSON	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 3405 FORESTSHIRE CT. ARLINGTON, TX. 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

MAHOMRS BOLDEN

6 Contributor address;

City; State; Zip Code

325 N. ST. PAUL DALLAS, TX. 75201

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARK REINHARDT

Contributor address;

City; State; Zip Code

3409 SHORLWOOD CT. ARLINGTON, TX. 76016

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

KAY KING

Contributor address;

City; State; Zip Code

4015 SHADY VALLEY ARLINGTON, TX. 76013

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

JIM ROSS

Contributor address;

City; State; Zip Code

2301 E. LAMAR ARLINGTON, TX. 76006

Amount of contribution (\$)

\$2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/19/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TIMI HAZLE

6 Contributor address;

City; State; Zip Code

4717 HILLSIDE ARLINGTON, TX. 76013

7 Amount of contribution (\$)

\$ 25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAUL J. JOHNSON

Contributor address;

City; State; Zip Code

2430 PARK RUN ARLINGTON, TX. 76016

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GREG MORSE

Contributor address;

City; State; Zip Code

2600 COLONIAL FT. WORTH, TX. 76109

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID DEVRIS

Contributor address;

City; State; Zip Code

3800 PLUM VISTA ARLINGTON, TX. 76005

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/19/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

BLAKE & LOREI KRETZ

6 Contributor address; City; State; Zip Code

1611 BENT CREEK CLEBURNE, TX. 76033

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

SHANDA PARIKINS

Contributor address; City; State; Zip Code

P.O. BOX 743 BURLYSON, TX. 76097

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

N.L. JOHNSON PLUMP

Contributor address; City; State; Zip Code

5201 HIDDEN OAKS ARLINGTON, TX. 76017

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

J. HUTCHESON

Contributor address; City; State; Zip Code

P.O. BOX 13100 ARLINGTON, TX. 76024

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/18/17

5 Full name of contributor

MOJIB HADDAD

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$2500.00

6 Contributor address;

2500 NE GREEN OAKS BLVD.

City; State; Zip Code

ARLINGTON, TX. 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/17

Full name of contributor

CHRISTOPHER S. CARROLL

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$2000.00

Contributor address;

4518 RIDGECREST ARLINGTON, TX. 76017

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

JAMES CHRISTOPHER CARROLL

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$2000.00

Contributor address;

5631 MERLETTA DALLAS, TX. 75206

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/17

Full name of contributor

JOAN CHURCH

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

1545 HIDDEN OAKS ARLINGTON, TX. 76017

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/13/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHAD & JOY BATES

6 Contributor address;

City; State; Zip Code

1114 MONTICAU CT. ARL., TX. 76012

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

COY GARRETT

Contributor address;

City; State; Zip Code

709 ARLAND LN. COLLEYVILLE, TX. 76034

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

MATTHEW LOH

Contributor address;

City; State; Zip Code

620 SCLINIC IRVING, TX. 75034

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

DAVID SARGENT

Contributor address;

City; State; Zip Code

2714 SHERRMAN GRAND PRAIRIE, TX. 75051

Amount of contribution (\$)

\$2,500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. W. JEFF WILLIAMS

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4/13/17

5 Full name of contributor

RALPH E. SHELTON

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

1308 CANTERBURY CT. ARLINGTON, TX. 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor

JOHN B. GABRIEL

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$2000.00

Contributor address;

City; State; Zip Code

13109 CHETS CR. JACKSONVILLE, FL. 32224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/17

Full name of contributor

APT. ASSOC. OF TARRANT CO.

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$3500.00

Contributor address;

City; State; Zip Code

6350 BAKER BLVD RICHLAND HILLS, TX. 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME MR. W. JEFF WILLIAMS	3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4/12/17	5 Payee name CAELEN COMMUNICATIONS	
6 Amount (\$) \$8,000.	7 Payee address; City; State; Zip Code 13083 CORDILLERA LN. FRISCO, TX. 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MR. W. JEFF WILLIAMS	Office sought MAYOR
		Office held MAYOR
Date 4/15/17	Payee name MAYES MEDIA	
Amount (\$) \$23,573.74	Payee address; City; State; Zip Code P.O. BOX 1309 BUNNYVALE, TX. 75002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE PRINTING EXPENSE CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MR. W. JEFF WILLIAMS	Office sought MAYOR
		Office held MAYOR
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED